

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO: 453-04-5338.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-27-03.

I. DISPUTE

1. Whether there should be reimbursement for CPT codes 90801 and 90830 rendered on 6-4-02 at \$680.00.
2. The respondent denied reimbursement based upon "V – unnecessary treatment with peer review."
3. On 5-10-02, ___ gave preauthorization approval for, "Psychological Interview does not require preauthorization as it is not a repeat interview per Medical Advisor, after lengthy peer to peer, approve Psych testing only."
4. Rule 134.600(h)(4) states, "The non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or exempt rehabilitation program."
5. The insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon not medically necessary.
6. On 8-27-03, ___ wrote "Four hours of testing and one hour of interview had been reimbursed. Documentation failed to support two hours of interview."
7. The requestor noted that evaluation was completed on two visits; however, failed to document the time spent evaluating claimant. CPT code 90801 is a timed procedure with a MAR of \$3.00/min. Therefore, additional reimbursement is not recommended.
8. The respondent indicated that four hours of testing was billed and reimbursed; therefore, further action from Medical Review Division is not necessary.

II. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (90801).

The above Findings and Decision are hereby issued this 5th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division